



**City of
Santa Monica**

Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

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E: business.license@santamonica.gov
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**BUSINESS LICENSE
COMMERCIAL
ZONING REVIEW FORM**

OFFICIAL USE ONLY

BL#:

REC#:

Businesses operating from a commercial location within the City of Santa Monica are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):	
Business Physical Address:			
	Number	Street	Unit/Suite #
		City	State Zip
Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

BUSINESS ACTIVITY INFORMATION

Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)

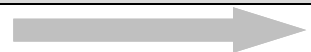
A.	Are you the owner of the subject property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Is the business currently licensed in the City of Santa Monica?	<input type="checkbox"/> Yes, BL# _____	<input type="checkbox"/> No
C.	Is your business moving from one location to another on the same property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Is the business relocating to the building's 2nd floor or above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Is the business activity similar to the previously licensed tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Does the business lease space from an existing, licensed tenant in the same profession (e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Is the business located in a shared office space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMERCIAL LOCATION INFORMATION

1.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?							
	<input type="checkbox"/> 100%	<input type="checkbox"/> 99%-76%	<input type="checkbox"/> 75-51%	<input type="checkbox"/> 50-26%	<input type="checkbox"/> 25-16%	<input type="checkbox"/> 15-1%	<input type="checkbox"/> None	
2.	Are you operating a business that has obtained an entitlement through City Planning? (e.g. Conditional Use Permit, Alcohol Exemption)						<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please list case #:							
3.	Does the business use, promote and allow for a walk-in clientele?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If No, please explain:							
4.	Do you prepare or sell food at this location?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have customer seating?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do customers purchase food at a walk-up counter?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Do wait staff take orders from the table?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Describe the food sales:							
7.	Does this business involve the sale of alcohol?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol license type:	

If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.

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SANTA MONICA BUSINESS LICENSE — COMMERCIAL ZONING REVIEW FORM

